Revision:	AUGUST 1991	(BPD)	OMB NO.: 0938-
	State/Territory:_	WASHINGTON	
Citation	3.1(a)(9)	Amount, Duration Services (contin	n, and Scope of Services: EPSDT nued)
42 CFR 441	60	continuing care the methods empl	ency has in effect agreements with providers. Described below are loyed to assure the providers' their agreements.
42 CFR 440 and 440.25		Comparability of	Services
1902(a) an (a)(10), 1 1903(v), 1		sections 1902(a) and 1925 of the section 245A of	e items or services for which (, 1902(a)(10), 1903(v), 1915 Act, 42 CFR 440.250, and the Immigration and permit exceptions:
1323(8)(4)		categorically	e available to the y needy are equal in amount, i scope for each categorically
	. (1	services made categorically	duration, and scope of e available to the y needy are equal to or greater ade available to the medically
	(ii	are equal in	e available to the medically needy amount, duration, and scope for in a medically needy coverage
	<u>/∑</u> / (i	services and complicate the	overage for pregnancy-related services for conditions that may ne pregnancy are equal for and medically needy.
TN No.	Approval Da	te//3	Effective Date/
TN No.	11. 7.2		

HCFA ID: 7982E

Revision: HCFA-AT-80-38 (BPP) May 22, 1980

State	<i>!</i>	Wast	ington		
Citation 42 CFR Part 440, Subpart B	3.1(b)	Home health services are provided in accordance with the requirements of 42 CFR 441.15.			
42 CFR 441.15 AT-78-90 AT-80-34		(1)	Home health services are provided to all categorically needy individuals 21 years of age or over.		
		(2)	Home health services are provided to all categorically needy individuals under 21 years of age.		
	٠.		X Yes		
			Not applicable. The State plan does not provide for skilled nursing facility services for such individuals.		
		(3)	Home health services are provided to the medically needs:		
			X Yes, to all		
			Yes, to individuals age 21 or over; SNF services are provided		
			Yes, to individuals under age 21; SNF services are provided		
			No; SNF services are not provided		
			Not applicable; the medically needy are not included under this plan		

TN | 8/-7 Supersedes TN | 8/-2

Approval Date 7/2/8/. Effective Date 7/1/8/

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State	WASHINGTON	
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Citation 3.1 Amount, Duration, and Scope of Services (continued)

42 CFR 431.53 (c)(1) Assurance of Transportation

Provision is made for assuring necessary transportation of recipients to and from providers. Methods used to assure such transportation are described in <u>ATTACHMENT 3.1-D.</u>

42 CFR 483.10 (c)(2) Payment for Nursing Facility Services

The State includes in nursing facility services at least the items and services specified in 42 CFR 483.10 (C) (8) (i).

TN 93-41 Approved: 1294 Effective: 10/1/93

Supersedes TN 91-22

Revision: HCFA-AT-80-38 (BPP)

May 22, 1980

State Washington

Citation 42 CFR 440.260 AT-78-90 3.1(d) Methods and Standards to Assure Quality of Services

The standards established and the methods used to assure high quality care are described in ATTACHMENT 3.1-C.

TN # 76-57 Supersedes TN # 75-10

Approval Date 1/27/77 Effective Date 1/23/76

Revision: HCFA-AT-80-38 (BPP)

May 22, 1980

Washington

Citation 42 CFR 441.20 AT-78-90

3.1(e) Family Planning Services

The requirements of 42 CFR 441.20 are met regarding freedom from coercion or pressure of mind and conscience, and freedom of choice of method to be used for family planning.

Approval Date 1/27/77 Effective Date 1/23/16

## OFFICIAL

Revision:

HCFA-PM-87-5

(BERC)

OMB No.: 0938-0193

**APRIL 1987** 

State/Territory:

WASHINGTON

Citation 42 CFR 441.30

AT-78-90

3.1 (f) (1) Optometric Services

Optometric services (other than those provided under §§435.531 and 436.531) are not now but were previously provided under the plan. Services of the type an optometrist is legally authorized to perform are specifically included in the term "physicians' services" under this plan and are reimbursed whether furnished by a physician or an optometrist.

/ / Yes.

// No. The conditions described in the first sentence apply but the term "physicians' services" does not specifically include services of the type an optometrist is legally authorized to perform.

// Not applicable. The conditions in the first sentence do not apply.

(2) Organ Transplant Procedures

Organ transplant procedures are provided.

<u>/</u>/ No.

Yes. Similarly situated individuals are treated alike and any restriction on the facilities that may, or practitioners who may, provide those procedures is consistent with the accessibility of high quality care to individuals eligible for the procedures under this plan. Standards for the coverage of organ transplant procedures are described at ATTACHMENT 3.1-E.

1903(i)(1) of the Act, P.L. 99-272 (Section 9507)

TN No. 87-5 Supersedes TN No. 8-18

Approval Date MAY 2

Effective Date `

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HCFA ID: 1008P/0011P

Revision:	HCFA-PM-87-4 MARCH 1987	(BERC)	OMB No.: 0938-0193		
	State/Territory	: WASHINGTON			
<u>Citation</u> 42 CFR 431 AT-78-90		) Participation by Indian Health Service Facilities  Indian Health Service facilities are accepted as providers, in accordance with 42 CFR 431.110(b), or the same basis as other qualified providers.			
1902(e)(9) the Act, P.L. 99-50 (Section 9)	9 408)	Respiratory Care Services for Individuals  Respiratory care services, as section 1902(e)(9)(C) of the Adunder the plan to individuals with the plan to individuals with the support at least six is single stay or a continuous hospitals, SNFs or ICFs for a days (the maximum of days allowed under the continuous hospital, SNF, or ICF for we payments would be made;  (4) Have adequate social support cared for at home; and continuous hospital, SNF, or ICF for we payments would be cared for at home; and cared for at home; and continuous hospital, SNF, or ICF for we payments would be made;  (5) Wish to be cared for at home; and cared for at home; and continuous hospital. These services have met.	defined in ct, are provided who—  a ventilator for hours per day; inpatients during a stay in one or more r the lesser of—  number of inpatient State plan); y care, would require atient basis in a which Medicaid  rt services to be  me.  ion 1902(e)(9) of the		
TN No. Supersedes	Арр	roval DateEffec	ctive Date		

HCFA ID: 1008P/0011P